Assassination Records Review Board
Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10068-10336
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 7
Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 5

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10068-10336

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 12/30/77
PAGES : 7

SUBJECTS :
HSCA, ADMINISTRATION
DOWNEY, JANE

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/07/93

OPENING CRITERIA :

COMMENTS :
Box #:1.

[R] - ITEM IS RESTRICTED

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane L. Downey	3/6/79
Employee Social Security Number	**Type of Action**
454-52-5820	☐ Appointment ☐ Salary Adjustment ☐ Title Change xx ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business________________ Specify Date)
Employing Office or Committee/Subcommittee	
Rep. Harold S. Sawyer	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Staff Assistant	9,984.72

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res._____of_____Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________If applicable, Level________Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date_______February 13_____________, 1979

Harold S. Sawyer [signature]
(Signature of Authorizing Official)

Harold S. Sawyer
(Type or print name of Authorizing Official)

5th District - Michigan
(Title – If Member, District and State)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00 as of __________________________

ID __________________________

Benefits __________________________

Payroll __________________________

(Revised: August 1, 1977)

ORIGINAL — To Finance Office (For official personnel folder)

PAYROLL AUTHORIZATION FORM
(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane L. Downey	3/1/79
Employee Social Security Number	**Type of Action**
454-52-5820	☐ Appointment ☒ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business ____________ Specify Date)
Employing Office or Committee/Subcommittee	
Rep. Harold S. Sawyer	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Staff Assistant	45,576.60

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res._____of_____Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________If applicable, Level________Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date February 13, 19 79

Harold S. Sawyer
(Signature of Authorizing Official)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

Harold S. Sawyer
(Type or print name of Authorizing Official)

____
(Type or print name and title of above official)

5th District - Michigan
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $_________.00 as of __________________

ID __________________

Benefits __________________

Payroll __________________

ORIGINAL — To Finance Office (For official personnel folder)

(Revised: August 1, 1977)

PAYROLL AUTHORIZATION FORM
(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane L. Downey	2/1/79
Employee Social Security Number	**Type of Action**
454-52-5820	☒ Appointment ☐ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business ________ Specify Date)
Employing Office or Committee/Subcommittee	
Rep. Harold S. Sawyer	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Staff Assistant	9,984.72

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res._____of_____Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number_______________If applicable, Level________Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date______February 13______________, 1979____

[signature]
(Signature of Authorizing Official)

Harold S. Sawyer
(Type or print name of Authorizing Official)

5th District - Michigan
(Title - If Member, District and State)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: [signature]
Chairman, Committee on House Administration

Office of Finance use only:	
Office Code__________	ID __________
	Benefits __________
Monthly Annuity $__________.00 as of __________	Payroll __________

(Revised, August 1...)

ORIGINAL — To Finance Office (For official personnel folder)

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane L. Downey	March 1, 1978
Employee Social Security Number	**Type of Action**
454-52-5820	☐ Appointment ☒ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business________________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Researcher	$18,000

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step_______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date March 14, 19 78 ____[signature]____ (Signature of Authorizing Official)

______________________ (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

LOUIS STOKES (Type or print name of Authorizing Official)

______________________ (Type or print name and title of above official)

Chairman (Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $_________.00 as of ______________________

ID ______________________

Benefits ______________________

Payroll ______________________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Jane L. Downey	December 30, 1977
Employee Social Security Number	**Type of Action**
454-52-5820	☒ Appointment ☐ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business________________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Secretary	$15,000

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 29, 1977 — Louis Stokes (Signature of Authorizing Official)

________________________ (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

Louis Stokes (Type or print name of Authorizing Official)

________________________ (Type or print name and title of above official)

Chairman (Title—If Member, District and State)

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All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________ ID ________________

Benefits ________________

Monthly Annuity $__________.00 as of ________________ Payroll________________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

M E M O R A N D U M

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

☒ I am not related to any current (95th Congress) Member of Congress.

☐ I am related to a current (95th Congress) Member of Congress. (Please specify.) ________________

Jane Reid Downey
Signature of Employee

12-30-77
Date

M E M O R A N D U M

TO: Thomas Howarth, Budget Officer
Elizabeth Berning, Chief Clerk

FROM: I. Charles Mathews, Special Counsel I.C.M.

DATE: December 21, 1977

RE: Ms. Jane Downey

This memorandum is to advise you that Ms. Jane L. Downey has accepted the position of Secretary with the John F. Kennedy Task Force. Her starting date will be December ~~28~~ 30, 1977, and her starting salary will be $15,000.00.

Your cooperation will be greatly appreciated in familiarizing Ms. Downey with staff procedures and welcoming her aboard.

ICM:jl